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ABSTRACT

This practicum in an elementary school attempted to provide adaptive strategies to children of alcoholic parents so that they would be able to cope effectively with their family problems. It also attempted to develop self-esteem in these children and to help them to recognize their strengths. Biweekly counseling sessions were designed to teach coping mechanisms and to provide support. Drug and alcohol education was taught to the students and staff. Through games, discussion, poetry, music, and art children learned about feelings, defenses, and choices. The group was limited to 10 to 15 students. Children were encouraged to explore typical teenage problems and ways to overcome them. Parents were invited to get involved. Data was collected before, during, and after the counseling sessions. Outcomes of the practicum were very encouraging. Teachers reported that they had more knowledge of the problem and would seek help for their students. Data showed that students achieved a more positive self-image. Staff made use of substance abuse materials and parental communication increased. The results confirmed that counseling mechanisms could reduce stress for the child raised in an atmosphere of instability and insecurity. (Contains 19 references.) (ABL)

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Counseling Strategies to Help Children Cope with the Stress of Living in Homes with a Chemically Dependent Parent

by

Carol Rosenbaum

Cluster 36

A Practicum II Report Presented to the
Ed.D. Program in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY
1992

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This practicum report was submitted by Carol Rosenbaum under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

10-23-92
Date of Final Approval of Report

Mary Ellen Sapp
Mary Ellen Sapp, Ph.D., Adviser

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ABSTRACT

Counseling Strategies to help Children Cope with the "Stress of Living in Homes with a Chemically Dependent Parent. Rosenbaum, Carol,1992: Practicum II Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Self Esteem/ Behavior Interventions/ Elementary School/Alcoholism/Group Counseling/Parent Involvement/Substance Abuse/Chemical Dependency/Children's Behavior/Alcohol Education

This practicum aimed to provide adaptive strategies to children of alcoholic parents so that they will be able to cope effectively with their family problems. It also attempted to develop self esteem in these children and help them recognize their strengths.

Biweekly counseling sessions were designed to teach coping mechanisms and provide support. Drug and alcohol education was taught to the students and staff. Through games, discussions, poetry, music, and art, children learned about feelings, defenses, and choices. Children were encouraged to explore typical teenage problems and ways to overcome them. Parents were invited to get involved. Data was collected before, during, and after the counseling sessions. Interviews and questionnaires developed by this writer were used.

Outcomes of this practicum were very encouraging. The goals and objectives were satisfactorily met. Teachers reported that they had more knowledge of the problem and would seek help for their students. Data showed that students achieved a more positive self image. Staff made use of substance abuse materials, and parental communication increased.

* * * * *

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CHAPTER I

INTRODUCTION

Description of Community

The work setting is an urban, integrated K-8 school in a metropolitan school district of a northeastern city. The 1000 children who attend this school come from working class families in a blue collar neighborhood. The economic status of their families ranges from the low to the lower middle class income level. Most of their parents work in the chemical factories that surround their neighborhood. Many have lived in the same house for several generations, and some of the children have the same teachers today that their parents had years before.

The school which formerly housed grades K-6, now includes grades 7 and 8. It has a parent partnership preschool program for neighborhood residents. Mothers must volunteer one day a week in order for their children to be included in the program. The school also has an English for Speakers of Other Languages class, a Limited English Proficiency class, seven special education classes ranging from those for the mildly handicapped to those for socially and emotionally disturbed children.

The school is known for its cultural diversity. In the 1990-91 school year, the student body consisted of 1021 students with the following composition: 45% Caucasian, 24% black, 10% Hispanic, 15% Asian, 6% other. Its teaching staff of 34 is fully integrated also.

The residents work hard to keep the school clean and safe. The PTA is active and works along with the staff to fulfill the needs of the school. Although the school is large, the teachers and the principal know each student by name.

Writer's Work Setting and Role

The writer is one of two counselors in the school. She holds a Master's Degree in Counseling and Guidance, and is state certified at the the elementary and secondary levels. She also has a Bachelor of Science Degree in Education and taught school for four years prior to working as a counselor. Her primary concern is for the educational progress, developmental needs, and problems of students. Her role involves individual and group counseling, classroom guidance, and crisis intervention (suicide, child abuse, grief counseling, etc.). In addition, the counselor works with the transitional needs of school beginners and transfer students, and also focuses on career development. The counselor is expected to provide a leadership role in the development of the school

improvement plan, coordinate staff development for professional and nonprofessional staff members, and provide a full and complete advisory service to the principal. The counselor has received intensive training in student depression, alcohol, and drug abuse. Subsequently, she became a team member in the Student Assistance Program (SAP) which seeks to identify and help students exhibiting these symptoms. She is available for staff consultation and collaboration, maintains open lines of communication between community agencies, and coordinates clerical tasks.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

Children in this school system coming from alcoholic families often have difficulty functioning in the classroom. They usually receive lower grades, have poorer attendance records, and exhibit problems associated with learning disorders. In addition, they are prone to a wide range of psychological disorders. These problems manifest themselves in anxiety, attempted and completed suicide, eating disorders, and compulsive achieving. Often these children exhibit faulty interpersonal relationships, and lack impulse control and regulation of affect. They laugh inappropriately, cry over minor criticisms, and experience wide mood swings.

Many of these children have expressed concern about the health of their alcoholic parent, their parents' troubled relationship, and the effects of the alcoholism on their friendships and dates. They face issues relating to control, mistrust, and shame. The children need to define boundaries and areas of responsibility. They need to develop survival

skills for coping, getting help, and living with an alcoholic. If children do not work out these issues, the problems will only grow in magnitude and scope.

In addition, children from alcoholic homes are often untreated, misdiagnosed, and ignored. They live with stress, inconsistencies, insecurities and fears. They do not develop strong senses of self esteem and trust. Nor do they overcome shame and build healthy coping skills (Deutsch, 1982). Instead, they are often treated as "little adults" rather than children.

Unfortunately, these children do not have anyone to whom they may turn for advice. For many, the school is the only source of help available. Yet, all too often, schools seek only to educate. They do not feel that it is the school's concern to tackle social problems. It is important that schools recognize their role in shaping the total child. Schools need to provide assistance and service to these children.

Problem Documentation

There are approximately 28 million children who are living in a home with an alcoholic parent (Ackerman, 1983; Morehouse and Scola, 1986). These children run a high risk of marrying an alcoholic or becoming one themselves (Cork, 1969). Some psychologists say that they are unable to form close relationships or establish a sense of self worth (Mitchel1988;

Comer, 1990; Lord, 1987). Others maintain that these children develop deficit disorders, have trouble in school and often get into trouble with the law as well (Deutsch, 1982; Bosma, 1972). Statistics show that the leading cause of death in the state for the age range 5-24 was motor vehicle accidents and most fatalities were alcohol related (SAP Training Manual, 1986).

The existence of this problem in the school was documented by interviews, observations, and counseling records. During the spring semester of 1991, 45 children were referred to the school counselor because of classroom behavior problems. Of these 45 referrals, 22 students reported at least one alcoholic parent in the home. The parents of these 22 students were called in for conferences, and it was confirmed by the parents that these problems may have stemmed from an alcoholic relationship in the home. An additional 33 students referred themselves to the counselor because they were troubled by alcohol addiction in their families. They asked the guidance counselor to help them deal with the everyday arguments that ensued after a drinking bout by a parent.

In evaluations written by the school psychologist, 15 students were thought to have poor self esteem and trouble relating to others because of alcohol problems in the home.

Counseling cards indicate that of the 450 students that came to the

counselor during the 1990-91 school year, 30% (135 students) reported that at least one of their parents got drunk at least once a week. Students reported that "my father gets paid on Friday and heads straight for the bar. He spends our food money before he even gets home." Others have said, "My father sits in front of the T.V. every night and drinks beer until he falls asleep." Tragically, some students state that they are left alone or told to watch a sibling each payday because both parents go to the corner bar. They do not return until the early hours of the morning.

Causative Analysis

There are several causes for the stated problem. Teenage years are a very turbulent time for most youngsters. They are in transition for about seven years. These young people are leaving childhood but they are not quite accepted into the adult world (Rutter, 1980). The trials facing youngsters from normal homes is most difficult as they try to emerge as individuals and formulate their own ideas of the world. For a child from an alcoholic home, who lacks the support of family and strong role models, these times may be most traumatic. It is believed that many children coming from alcoholic homes have difficulty sharing their feelings and expressing themselves (Morehouse, 1986). Often they deny that there is a problem in the home. They are embarrassed or humiliated by their parents, and strain to keep the "perfect family" illusion. Moreover, they

are reluctant to bring friends home for fear of what they will find once they return home. During "normal" periods, they may feel disloyal and believe they are exaggerating the problem (Ryerson, 1985).

Because the children lack structure and come from homes with dysfunctional parents, they do not grow up with appropriate role models to help them learn. Role models, adults and peers, are necessary to teach social norms and responsibility.

Often strategies employed by these students to cope with their problems are not effective. They make excuses and are reluctant to seek advice from friends and relatives. Many times the children take on additional roles. They may be the caregiver, tending the alcoholic parent or other younger siblings. They may also be the mediator between the family and the outside world. Often they try to cover up the problem to the school, relatives, or even social service systems. Frequently, the family and the child experience isolation.

Finally, the children coming from chaotic families do not develop the acceptance, security, and support needed to face the challenges and confusion of the outside world. Resentment builds within the family system. The child may feel like a failure and his self worth decreases. As he takes on several different roles, the confusion he feels about his family increases and mixes with guilt. The child may feel disorganized, alone, helpless, and trapped.

Educators are only now beginning to realize the full impact of alcohol in the home and the devastating effect it has on the children. To date, these children have received little attention from society. Schools are hesitant to intervene in family matters. Agencies usually focus only on the alcoholic himself or his co-dependent. Most treatment centers do not usually include children in recovery programs, and communities have ignored this problem.

Relationship of the Problem to the Literature

Professionals who work with children realize that children coming from alcoholic homes present a variety of maladaptive behavior characteristics. They have fewer peer relationships and a greater tendency for adjustment problems as adolescents (Cork, 1969). They are more likely to have a higher truancy rate and greater identification with teachers (Bosma, 1972). Mitchell (1988), Comer (1990), and Lord (1987) have found that children of alcoholics have a higher incidence of emotional, behavioral, and developmental disorders when compared to children of nonalcoholic parents. Authorities believe that "they may develop an inability to trust, an extreme need to control, excessive sense of responsibility, and denial of feeling" (SAP Manual, 1986, p. E 1). Although the problems of most children of alcoholics (COAs) remain

invisible because their coping behavior tends to be approval seeking and socially acceptable, a disproportionate number enter the juvenile justice system, courts, and mental health facilities (SAP Manual, 1986).

Other literature gives evidence to the problems experienced by COAs. Morehouse (1986) states that coping strategies and other disorders developed in response to parental alcoholism will persist into adulthood. He estimates that 28 million Americans have at least one alcoholic parent, and that more than half of all alcoholics have an alcoholic parent. He further states that not all children of alcoholics suffer identical emotional effects. A number of variables determine such effects including the child's relationship with the nonalcoholic parent, the degree of marital conflict in the home, the ability of other family members to provide the necessary

parenting, and the presence of violence.

Since the 1970s both the professional and popular literature have addressed the seriousness of the COA issue in schools. Comer (1990) states that the disturbance of family functioning is most problematic for children. If being an alcoholic is thought to be troubling, being the child of an alcoholic is equally troublesome. Cramer has concluded that "problems which children of alcoholic parents experience may be traced to the disruption caused by the alcoholic's behavior on others family members" (Cramer, 1977, p.5). Ryerson (1985) cites that children often

worry that the alcoholic parent will get sick or die from his intoxication. These feelings may make it impossible for a child to concentrate in school. Also, he finds that since children model their behavior on their parents' behavior, these children often argue more than others and find little psychological comfort from other brothers and sisters (Ryerson, 1985).

One pattern that emerges from the literature review is that there is a distinct relationship between alcoholism in the home and self image. Children from dysfunctional homes are seen quite often by the this school counselor. According to Ackerman (1987), children use parental behavior as a reflection of their own worth. If something is wrong with the family, something is wrong with them. Their attitudes reflect their perceptions of their home life. O'Rourke (1989), believes that these children feel abandoned, torn by parental conflict, and helpless to cope. If a child feels that no one cares, this feeling will be carried over into school and social activities. Similarly, a study by the Booz and Hamilton Corporation (1974) cites parental dysfunction and the disruption it causes on other family members as factors in determining the child's adjustment mechanisms. Another investigator, Cramer (1977), believes that alcoholism is almost always considered a stigma. Thus, the child's feelings are reinforced by the prevailing attitudes of peers and significant adults.

The literature also gives clues to facilitate the identification of

children of alcoholics. The outward signs are appearance, school performance and peer group relationships. The children may show signs of physical neglect, withdrawal, or lethargy. They may seem to be loners or demand excessive attention by acting out and being the "class clown" (Morehouse, 1986). In the writer's school district other signs are also apparent. As stated in the literature they include morning tardiness, improper clothing for the weather, regression, fatigue, extreme fear about situations involving contact with parents, frequent anger, and frustration (Ackerman, 1985).

The literature makes it clear that educators have not developed a consensus for the causes of the stated problem. Nor do they agree on the solutions to the problem of children of alcoholics. Because of the variety of maladaptive behaviors and the problems experienced by COAs, each writer stresses only a particular aspect of the total problem. This predicament has bothered children for many decades. It has ruined many lives. Writers, previously, have not received governmental and public support for this problem. Schools were hesitant to "get involved." Now, it seems that everyone from local governments to state governments and legislators have called for immediate solutions to this overwhelming problem. Several approaches are offered, but many are not new or unique. Nevertheless, all of the literature reviewed and previously cited stress encouragement, understanding, and accurate information. Most of them

also stress a strong program of instruction and decision making experiences.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this practicum was to provide adaptive strategies to children of alcoholic parents so that they would be able to cope effectively with their family problems and function adequately within the school setting. A secondary goal was to develop self esteem in these children and help them recognize their strengths. It was anticipated that these strategies will carry over into other areas of their lives as well.

Behavioral Objectives

1. Teachers will recognize the signs, characteristics, and traits of COAs. They will be sensitized to the presence of children in the school with special problems stemming from substance abuse conditions at home, and to how these problems are reflected in school performance.
2. Children will develop support networks so that they will have others to call in times of crisis. In this way, children will feel that they are not "alone" with their problems.

3. Each of the children will have a more positive self image and be able to interact more successfully with teachers and peers.

4. Teachers and staff will have information on alcohol education materials and learn some referral sources.

5. Communication with parents, and in parental participation, will increase.

Measurement of Objectives

Teachers were given a preevaluation and postevaluation form (see appendix D) to determine the effectiveness of training in recognizing the signs, symptoms, and characteristics of COAs. On this evaluation form, teachers were to answer "Y" yes or "N" no to five questions relating to the identification of students of alcoholics. A sixth question which was open ended provided greater feedback for the counselor. Children were to tabulate a sociogram to ascertain the amount of positive interaction with others. Also, interviews were conducted to gather information from the children.

Self image was measured by The Piers-Harris Children's Self Concept Scale.

Teachers were randomly interviewed and the number of booklets borrowed were counted to see if teachers were using this training

information. Also, the number of referrals made to other agencies ascertained whether teachers were utilizing the referral sources.

Finally, the number of interactions with parents (phone calls, conferences, etc.) were logged and examined. After two months, conferences were set up with parents to determine if there was any progress and if any adjustments needed to be made to the solution strategies.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

Students with problems stemming from alcoholism in the home need interventions to help them cope with their problems. There are a number of recommendations found in the literature. These recommendations include alcohol education in school, early identification programs, school-based prevention programs, and family therapeutic treatment.

Morehouse and Scola (1986) propose direct intervention programs in the elementary schools. They feel that if there is not direct intervention, the coping strategies and other disorders developed in response to parental alcoholism will persist into adulthood. Children need to be provided with factual information, and to develop skills to resist peer pressure and clarify feelings. Ryerson (1985) also feels a comprehensive alcohol education program should be provided in each classroom. Children, he believes, are in critical need of information about their vulnerability and the risk involved in the use of alcohol.

Another writer who believes in classroom education is Ackerman.

Ackerman (1983), however, contends that school education should be combined with prevention programs because it is impossible to identify every student coming from an alcoholic home. The school is the chief potential source for positive action, and the classroom teacher may be the single most important factor in any alcohol education program. Often parents, or children themselves, will notify the teacher when trauma affects the family. The teacher can be a trusted valuable friend to the child or his family. Ackerman also believes that the content of an alcohol education program must be appropriate for each different grade level. Careful planning is necessary to integrate such a program into the curriculum. The content should be structured so that each grade level will build and expand upon the information previously presented.

Because of these factors many writers propose that classroom teachers, administrators, and guidance counselors be informed about the disease of alcoholism and the ways in which parental alcoholism affects students (Morehouse & Scola 1986, Ryerson 1985, and Ackerman 1983). For intervention to be successful, professionals need to work closely together to help identify such children. Further, Morehouse and Scola contend that guidance counselors need to take a leadership role in school personnel training (1986).

Mitchell (1988) believes that the counselor should be the key person in helping these youngsters. She discusses in the Portland Plan (1988), a

school-based intervention program which is based on the principles of the disease of addiction and the individual in the family system. She incorporates implementation of an effective counseling curriculum. The counselor can intervene in the form of individual counseling, group counseling, or referral of the child to an agency outside the school setting. She can also be helpful to other family members, helping them to come to terms with the alcoholism in the family or referring them to the proper help agencies. School personnel must be supportive and refer the students to the guidance counselor in an uncomplicated and nonthreatening manner. Once the referral has been made, the counselor must be experienced in assessing the needs of the child. Mitchell feels that group settings are particularly helpful to these children as they reduce the isolation they may feel. Groups provide safety and protection for the child. They allow children to share their feelings with peers and help them to join groups such as Alateen when they reach adolescence (Mitchell, 1988).

Cramer (1977) also suggests that group counseling is a viable approach because children from alcoholic families often feel alienated from the family and from themselves. They realize that their homes are not like that of their friends. Many times they are angry at the nonalcoholic parent for not taking a stronger stand, doing something to remedy the problem, or help them by providing more protection. Group

counseling provides structure and experience in healthy interaction. It provides the necessary means for these feelings of expression to come out.

The literature suggests that parental involvement is essential to any successful program. Comer (1990) says that it is imperative to enlist the aid of the nonalcoholic parent and help them to maintain the family as well as possible under the circumstances. He also believes that the school should supply the names of organizations to help the parent.

Robinson (1989) takes another view of the solution to these problems. recommends a child centered approach to family alcoholism. He begins with the assumption that children can be helped to understand their feelings and change their behavior whether or not parents are involved in treatment. He includes a ten-point program that stresses early intervention and teaches that alcoholism is a disease. He points out that the child is not responsible for his parents' drinking problem, nor can he control or cure it. He also points out that it is necessary for the child to identify and use a trusted support system outside the family, and that it is healing for the child to identify and express his feelings.

The literature also addresses an inventive new approach to the solutions to these problems. McDonald-Jay (1978) believes that children should be taught through their senses. Active manipulation of concrete objects is a creative way to tackle the problem. She states, "If young

children of alcoholics are to break the alcoholic life styles that perpetuate generation to generation, it is imperative that they develop their potential for creativity, initiative, independence, inner-discipline and self confidence" (McDonald-Jay, 1978, p. 12). Her program, which is based on self correcting skills, is oriented toward detail and concentration. She feels that "because the materials are self correcting, mistakes become a private matter and fragile feelings of self confidence are protected" (McDonald-Jay, 1978, p.7).

Evaluation of possible solutions reveals that early identification is quite important for later success. The difficulties with early intervention lie in the identification of such children. Often their symptoms are not manifested until much later or they are simply overlooked. Nevertheless, since the school has access to all of the children, it is felt that the school is the appropriate place to begin the identification process. Morehouse and Scola (1979) maintain that the school systems have been dealing with the symptoms of this problem for years.

Another solution, which proposes a core of individuals to work with the children such as the teachers, counselors, or administrators, undermines the confidence of the child and the nature of his problems. Although establishing teams provide effectiveness, interdependence, and support, a core team approach also makes it difficult for the child to

develop a sense of trust with all of the members. However, since these individuals are professionals who recognize the needs of children, they could be easily trained to identify problematic children and make the appropriate referrals.

The literature indicates the need for a combination of approaches to combat this problem. Children from homes with alcoholic related disorders are not all alike and must be treated as unique individuals. COAs exhibit a wide array of behaviors. Each symptom is distinct and several different strategies should be tried.

The writer believes that all of the solutions, with the exception of family treatment, can be implemented in the writer's workplace. It is feasible to try early identification and education programs within the school setting and with the resources available. The writer plans to try these interventions through individual and group counseling during the major practicum implementation period.

Description of Selected Solution

The solution strategies selected involved individual counseling, group counseling, and drug and alcohol education for students and staff. The students were identified for this program from counselor and Student Assistance Program (SAP) referrals. The writer limited the group to 10-

15 children because greater numbers would inhibit the spontaneity of the group and make it difficult for children to develop close ties with each other. Group sessions were held on Friday mornings to provide the encouragement needed to help the students get through the difficult weekends. Individual sessions were scheduled for Monday afternoons so that the counselor could check on the children and provide reinforcement.

The primary purpose for the counseling sessions was to teach children alternative ways of coping with the stress of living with chemically dependent parents. Through games, discussions, poetry, music, and art, children learned about feelings, defenses, and choices. They explored typical teenage problems and ways to overcome them. The counseling sessions, held within the school setting, provided information on the disease and its effects on people. The counselor tried to dispel the "perfect family" myth and helped children to face the reality of their home situations. Strategies were planned to include information on agencies where students could seek help. Ideas were shared with students and their families, and a support system within the school was established so that children would network with other individuals who shared similar problems. In this way, children received the security and support needed to help them realize that they were not alone and trapped. Speakers were brought in so that children could identify with appropriate role models. All sessions emphasized the development of a positive self image. These

solutions were selected from the literature.

Parents were informed of the program through a phone call and a letter (see Appendix B). This letter required a parental signature for the child to participate in the group. Parents also came to the school for an entrance interview with the counselor. During this interview, information was gathered about the home situation and specific problems affecting the child. Questions about the program were answered for the parents.

The counselor facilitated all discussions, provided guidance and materials, and contributed toward the goals of appropriate skills and self-esteem.

Report of Action Taken

The solution strategy for this practicum began in October, 1991, after receiving approval to begin the implementation phase of the practicum. During that month, the counselor established logistics for the solution strategy to take place. She gathered the essential materials, contacted the administrator for final permission, and established a schedule and meeting place. Also, a workshop was held to provide inservice training for teachers about the problems of COAs in their classrooms. This workshop was held during the October faculty meeting. One hour was allotted for the presentation, but questions and comments extended it to one and a half hours. During the session, teachers were told

what signs to look for in "at risk" children. Materials were available for the teachers to examine or to take out. The teachers were also given a chance to role play different situations faced by the children at risk. Then, the teachers were divided into groups so that they could "brainstorm" ideas and discuss strategies to be used within the school. The inservice training participants indicated by their comments and involvement that progress had been made in this area.

During this month, parents were also invited to meet with the school counselor and discuss problems encountered with their children. They talked about the problematic situation in the home and were referred to Alateen for additional supportive help. Also, parents were asked to sign a document (see Appendix B) granting permission for their child's inclusion in group counseling.

From November to December, identified children met with the counselor for weekly group and individual sessions. These sessions helped students identify with other group members and helped develop trust and rapport through discussions of substance abuse. A self-esteem inventory was administered, and children set goals and established rules of participation (see Appendix C). As the group became more cohesive, an emotional vocabulary was developed. Through the use of popular songs, children identified and verbally expressed feelings and emotions in themselves and others. Each session started with a song or poem which

deliberately evoked strong emotions. At one session, the feelings were so powerful that two children started to cry. Other children acknowledged that they had similar feelings. On this particular session, children reached out and physically comforted one another. By the end of the morning, there was not a dry eye in the group. The children were helped to acknowledge and to accept these emotions caused by the dysfunctional family and brought to the surface by the group. They also learned to clarify issues about boundaries.

Several sessions were devoted to strengths, assertiveness, and problem solving. Children were taught to become more aware of their individual strengths. They identified positive qualities about themselves, and gave positive feedback to each other. This was a most important element of the group. Sadly, there were some students who could not think of any positive qualities about themselves. The group helped these children by providing examples which the member had never before considered. One quiet girl was told by members that she was caring and considerate, after failing to think of any positive qualities. Other members told her that they relied on her strength and judgment. After being directed to think back and relate a story about a time when they felt really good about themselves, they discussed the qualities of people with high and low self-esteem. Additionally, they learned of the influences on decision-making judgments. Students talked about times when they had

used good or poor judgment, and how it had consequently affected them. One student related that he had failed a grade because of poor judgment. That student said that he had always listened to his friends in the past. Several different situations were read, and the children had to make choices. Then, discussions ensued about the various solutions to the problems. Alternative activities at home and in school were brought up, and the children had to distinguish between assertiveness and aggressiveness. Many children talked about problems with their siblings and stated that they would now handle certain situations differently.

To help the children establish social skills, they were taught about the defenses and how they are used in some social situations. The children were helped to identify their own individual defenses. Through mock situations, they explored how they could lower their defenses. Together, they also learned about the value of friendships. The group was encouraged to talk about feelings that are difficult to share with others. One student related that he shared thoughts with the group that he never believed possible. He said that he contained his thoughts because he didn't believe anyone else had them (thoughts), and was afraid that friends would think he was crazy if he disclosed the feelings to others. Finally, the children participated in imagery techniques to help them reduce stress.

Concurrent with the group counseling sessions, the writer met daily

with the teachers. She reinforced the material presented during the workshop, and provided feedback to those teachers who had referred students. Teachers were eager to discuss successful or unsuccessful strategies that they had tried. One teacher reported that for the first time since she joined the school staff, she felt a part of the helping process.

Also, at this time, parents were brought in again to the school for individual conferences. They discussed personal problems in the home and problems with their children. Suggestions were offered to help parents work through some of their problems. It was suggested that they make time for their youngsters, and listen to them when they speak of their feelings. Parents were told not to dismiss their children's feelings, rather to explore them with the child. Three parents noted improvement in their children's attitudes since participating in the group. One parent suggested that a group be held for the parents.

From January to May ongoing support groups were maintained to help the children work through their feelings and learn new coping skills. Children tested their new skills in the nonthreatening, caring network of the group. During this time, emphasis was placed on family roles. The children learned to identify the different roles that members in a dysfunctional family might take. Through role play and dramatization, the children enacted those roles. They were able to comprehend how some family members actually supported the continuation of those roles into

other areas.

Children learned to express their feelings about their parents' problems. During brainstorming sessions, the children discussed the problems of everyday living. They explored and communicated the emotions associated with being a child of an alcoholic. Then, they were helped to make a chart on feelings.

As part of the counseling sessions, the group was introduced to information on chemical dependency. They were provided with factual information about alcoholism and the progression of the illness. Some children believed that everyone who takes a drink becomes an alcoholic. This myth was explored. Other information was given about specific drugs.

In June, the group came to closure. Learned skills from the previous sessions were reviewed, and the children were given the chance to discuss any ideas presented during the past months. The concepts of self-esteem were highlighted, and feelings of ending were acknowledged. Evaluation of any progress and movement within the group was noted.

CHAPTER V

RESULTS, CONCLUSIONS, RECOMMENDATIONS, AND DISSEMINATION

Results

The problem that existed in the writer's work setting was that children of alcoholics were unable to cope effectively with their family problems and perform well within the school setting. Also, many of these children held poor self-images and did not recognize their own strengths. The problem existed because no one took the time or initiative to provide intervention strategies. Specifically, the children were left to their own devices which included maladaptive behaviors.

The solution to the problem was to provide individual and group counseling, drug and alcohol education, and family intervention. Teachers were helped to understand this problem at the beginning of the school year. Drug and alcohol materials were made available in the school library, and a parental conference was held. Students received an entrance interview and biweekly counseling sessions to teach alternative behavior structures and provide reinforcement for positive changes

The goals of this practicum were to provide counseling

strategies to help children cope with the stress of living in homes where there was chemical dependency. It was hoped to provide the children with self-esteem structures so that they could manage better in school and in life situations.

Specific objectives were designed to achieve these goals. The following list includes each objective and the results related to the objective.

Objective 1: Teachers will recognize and be sensitized to the signs, characteristics, and traits of COAs. Teachers were given a preevaluation and a postevaluation form to determine the effectiveness of training. Responses indicated that the training workshop indeed increased their knowledge of COA characteristics. Thirty evaluation forms were collected. On the pretest, 24 teachers reported that they could not identify such characteristics, nor were they aware of available agencies that provided help for students. Eighteen teachers reported that they did not understand the problems encountered by these children and did not try to get help for them. Only 12 teachers reported that they would like to receive training about substance abuse.

Twenty-nine teachers returned the post-test. All 29 now claimed that they could identify characteristics of COAs and were aware of resources in the community. They said they had more knowledge of the problem and would seek help for their students. Twenty-eight teachers

responded that they would like additional training about substance abuse and its effects on families. Also, teachers were asked to make suggestions about improving the training program. They reported that the program should be open to the entire school staff, including the paraprofessionals. They said that the program should be broken up into two sessions because so much content was presented, and they claimed that they would appreciate handout materials to take back to their classrooms.

Objective 2: Children will develop support networks so that they would have someone to call in times of crisis. A sociogram was developed to ascertain the amount of interaction with each other. The sociogram indicated that there was positive interaction, and also that no child was isolated. Every child was picked at least once by another member of the group. Interviews with the children revealed that they had developed a phone chain and shared home numbers with each other. Each child reported that they would feel comfortable calling any other member in the group during times of crisis. Many students reported that they felt closer to other group members than they felt to their siblings.

Objective 3: Children will have a more positive self image after participating in the counseling sessions. The Piers Harris Children's Self Concept Scale was administered early in the practicum and again at its conclusion. On this 80 item self report measure, results of the first

administration showed that all 12 children scored below the mean on each of its six scales. Seven children received the lowest scores when compared to the normative sample. The amount of variablilty in each child's self concept, as assessed by the cluster scale scores identified areas of vulnerability in every student. Particularly, the children did not have confidence in the areas of interpersonal relationships and school and academic performance. Examination of individual responses helped the writer understand why particular children felt the way they did about themselves, and specifically what resources they had for successful coping. When the same questionnaire was repeated at the end of the practicum, the children improved in every cluster area. Anxiety was reduced, and children reportedly felt better about their behavior and their physical appearance.

Objective 4: Teachers and staff will have information on alcohol education materials and referral sources. Random interviews with school staff indicated that a growing number of people made use of the substance abuse materials set up in the library. Eleven teachers took out booklets regularly and prepared lessons around this topic. Many reportedly used the guidance period to present this material to the class. The idea was shared within the school, and soon other teachers began using the reference material as well. Sixteen referrals from teachers were made to outside agencies through the counselor.

Objective 5: Communication with parents and parental participation will increase. Logs were kept indicating the type and amount of interaction between the parents and the counselor. Each conference was noted and a record was kept of phone calls. The logs showed that as the sessions progressed, so did the interaction with parents. At first, parents were hesitant to become involved with the school. As their children became more open, parents called the school to discuss problems at home. In October, there were 10 phone calls to the counselor about the group. In May, this number jumped to 58. Toward the end of the practicum, parents felt that they, too, had another resource person to call upon.

Discussion

A review and interpretation of the data indicates that all five objectives were achieved. The results confirmed the writer's belief that counseling mechanisms could reduce stress for the child raised in an atmosphere of instability and insecurity.

The literature had constantly stressed the need for teachers to be trained in the recognition of the problems that exist for students coming from homes in which there was chemical dependency. Teachers ought to be aware of treatment programs and referral agencies. The inservice training participants indicated by their comments that progress had been made in this area. It was concluded that the practicum served this

purpose.

Children reported to feel better about themselves, and many stated that they felt better about coming to school as well. Results of the Piers-Harris Children's Self-Concept Scale confirmed this information. They also stated that they made new friendships that they felt that these friendships would continue beyond the group.

Parental participation increased steadily from the start of the practicum. Parents believed that the school counseling had helped their children to be more independent. Several asked if their other youngsters could be part of the group in the future.

The writer is optimistic about the continuation of these practicum strategies, and believes they will have a long range effect on future drug education programs in the district. Based on the results of the practicum, the writer concludes that intervention strategies are a necessary part of the changing educational setting. Hopefully, schools will continue to address this problem.

Recommendations

1. It is recommended that children of alcoholics be identified early so that they may participate in an intervention program.
2. It is recommended that this intervention program be continued on a regular basis for children of alcoholics within the school.

3. It is also recommended that teachers receive in-service training to help them understand and deal with the problems associated with these children

Dissemination

This practicum has been shared with, and made available to the school faculty.

The writer will submit copies of the practicum to the Drug and Alcohol Office for dissemination within the school district.

In July, the writer will also present the practicum and its results to graduate students in the counseling program at Gwyned-Mercy College.

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APPENDIX A

COMMUNITY AGENCIES

RESOURCES

Abraxas, IV
5401 Wayne Avenue
(848-3220)

The Bridge Family and Young Adult Services
8400 Pine Road
(342-5000)

Gaudenzia, Inc., OutReach Community Center
1414 N. Broad Street
(235-5200)

Greater Philadelphia Health Action, Inc.
Community Education/Prevention Substance Abuse Program
4510 Frankford Ave.
(288-9200)

Living Free Centers, Inc.
3514 Kensington Ave.
(537-1300)

Lower Kensington Treatment Services, Inc.
Youth Alcohol Program
2205 Bridge St. (289-3350)

Project P.R.I.D.E.
8253 Bustleton Ave. (342-6200)

Woodrock, Inc.
2234 N. Front St.

APPENDIX B

PARENTAL PERMISSION LETTER

September 1, 1991

Dear Parents:

This letter is being sent home with your child at the _____ School. As an extension of the services offered to our students and parents, we are happy to announce the formation of an on site counseling group.

The group is intended to support children living in families where substance abuse is an issue. Group activities will promote awareness of self and focus on self esteem. Skills to cope with daily stresses and decision making will be taught. Activities will also promote more effective expression of feelings. Awareness of substance abuse and dependency will be explored.

The group will meet weekly for 45 minutes. Participants and their parents will have a short interview with the counselor prior to beginning the program. Confidentiality will be respected.

To enroll your child in the group, please sign and return the below form.

Sincerely,

Principal

___I would like my child to be included in the group.
___I would like more information about the group.

Child's name:_____

Parent's signature:_____

Grade:_____

APPENDIX C

RULES OF PARTICIPATION

GROUP RULES

1. Every effort is made to attend each session and get there on time.
2. What is said in the group is strictly confidential.
3. We respect each other and do not laugh or make fun of anyone.
4. Everyone has a chance to speak.
5. There is no eating or gum chewing during group sessions.

APPENDIX D

PRE/POST EVALUATION FORM

PRE/POST EVALUATION FORM

Please answer yes (Y) or no (N) to the following questions. YES NO

1. Can you identify the characteristics of Children of Alcoholics? Y N
2. Are you aware of the available agencies that provide help for your students? Y N
3. If there are such children in your classroom, do you understand their problems? Y N
4. Do you try to get help for them? Y N
5. Would you like additional training about substance abuse and its affects on families? Y N
6. How can the training sessions be improved?